

## **STUDENT TRANSCRIPT REQUEST**

### **COMPUTER LEARNING CENTER**

Please send me a copy of my student transcript. I attended the Computer Learning Center at

\_\_\_\_\_ **Paramus** \_\_\_\_\_ **Cherry Hill** \_\_\_\_\_ **South Plainfield** from \_\_\_\_/\_\_\_\_/\_\_\_\_ to  
\_\_\_\_/\_\_\_\_/\_\_\_\_. I was enrolled in the \_\_\_\_\_ program.  
Date

My home address is \_\_\_\_\_

\_\_\_\_\_, my

Telephone Number: (H) \_\_\_\_-\_\_\_\_-\_\_\_\_, (W) \_\_\_\_-\_\_\_\_-\_\_\_\_, my Social Security

Number: \_\_\_\_-\_\_\_\_-\_\_\_\_ and my e-mail address *(if applicable)* \_\_\_\_\_.

My birth date is \_\_\_\_/\_\_\_\_/\_\_\_\_. At the time I attended the Computer Learning Center,  
Month Day Year

my name was \_\_\_\_\_ (if different from the name below).

I, \_\_\_\_\_, hereby certify that the information above is

Print your Name

true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Return to

Dr. Thomas A. Henry, Director  
Office of School to Career and College Initiatives  
N.J. Department of Education  
P.O. Box 500  
Trenton, N.J. 08625-0500